PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09733607

		CLAIMS AS	FILED - PART					SMALL ENTITY		OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			(Column 1)		(Column 2)		1	TYPE		OR		
TOTAL CLAIMS							[RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBI	NUMBER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			/J min	us 20=	. 4			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			9 minus 3 = 6					X40=		OR	X80=	480
MULTIPLE DEPENDENT CLAIM P			RESENT	 	;			+135=		OR	+270=	159
* If	the difference	in column 1 is	less than ze	ro, ente	r "0" in c	olumn 2	L	TOTAL		OR	TOTAL	1190
CLAIMS AS AMENDED - PART II								ι		-	OTHER	
		(Column 1)		(Colur	mn 2)	(Column 3)	_	SMALL E		OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	T CLAIRA	=		X40=		OR	X80=	
لـــا	EIHST PHESE	NTATION OF M	OLTIPLE DEI	CINDEN	CLAIM			+135=		OR	+270=	
	•							TOTAL		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)	,	ADDIT. FEE		•	ADDIT, FCE.	
		CLAIMS		HIGH	HEST] г		ADDI-	1		ADDI-
ENT B	for the large and	REMAINING AFTER AMENDMENT		PREVI	MBER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL FEE
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
\ME	Independent	*	Minus	***		=	ļĬ	X40=		OR	X80=	
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	T CLAIM		1	.405	 	1		1
								+135=		OR		ļ
							,	TOTAL ADDIT. FEE	[OR	TOTAL ADDIT. FEE	
_		(Column 1)			ımn 2)	(Column 3)	•					_
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUN PREVI	HEST MBER IOUSLY) FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
PMO	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	1
ME	Independent	*	Minus	***		=	 	X40=		OR	X80=	1
L	FIRST PRESE	NTATION OF N	IULTIPLE DE	PENDEN	ENDENT CLAIM						 	1
	II de		Alma		to 404 :	diamen O		+135=		OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
	The "Highest Nun	imber Previously Pa nber Previously Pa	aid For" (Total o	or Independ	dent) is the	an 3, enter 3. e highest numbe	er fou	and in the ap	propriate bo	x in co	olumn 1.	